

**Mississippi  
State Board of Examiners for  
Social Workers and Marriage & Family Therapists**

Jackson, MS 39296-4508  
Post Office Box 4508  
601-987-6806/Fax: 601-987-6808  
www.swmft.ms.gov

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Dear Student Applicant:

**Subject: Student approval to take the Association for Social Work Boards (ASWB) social work exam if you are within 15 hours of graduation.**

**The purpose of this form is to allow you take and pass the ASWB exam before graduation from your social work program. You should only apply to take the exam if you are planning to take it within next 30- 60 days. For example, if you graduation date is May 14, 201X, then you should submit your initial application no later than March 30, 201X and then take it before May 14<sup>th</sup> (graduation date).**

Upon receipt of the \$25.00 initial application processing fee (cashier's check or money order) and the completed initial application form, the Board will approve you to sit for the exam and mail you an approval letter. ASWB no longer publishes the Candidate Handbook for mail-outs. To review examination instructions and download the Candidate Handbook, you must go to the follow online link: <https://www.aswb.org/wp-content/uploads/2013/12/Candidate-Handbook.pdf> (*Please read the Candidate Handbook*). It gives you instructions on how to apply to take the exam. The exam fee is a separate cost from the initial application processing fee.

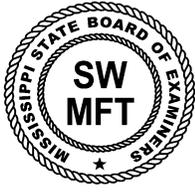
The cost of the bachelors and masters exam is \$230.00; advanced and clinical exam is \$260.00. Those fees must be paid to ASWB. You may schedule an appointment to take the exam with ASWB within days after payment is received. If you fail the exam and plan to retake it, please follow the instructions in the candidate handbook.

The exam is given daily at two locations: Pearson Professional Center (Jackson), 1755 Lelia Drive, Suite 404, Jackson, MS 39211 and Pearson Professional Center (Tupelo), 431 W. Main St., Suite 340, Tupelo, MS 38801. ASWB will give you more detailed information about the test locations in your area or state.

The rules and regulations governing Mississippi's licensure of social workers and marriage and family therapists require a FBI fingerprint criminal history record information check and a sex offender registry check for each applicant for licensure. You must complete a request for fingerprint card form and mail it the Board office with a \$50.00 money order or cashiers check. Due to length of time it takes the Mississippi Department of Public Safety to process your fingerprint card, we suggest you mail the request for fingerprint card form and fee in with the student application to take the exam. The Board will mail you a fingerprint card for you to take to your local law enforcement authority to complete. Please mail the completed fingerprint card to the Board office. The must be received by the Board within one-hundred eighty (180) day of the completed application.

Upon graduation, you must submit the verification of education form (form 267) to the Board to verify that you possess a social work degree.

If an applicant has met all of the general requirements stated in the state laws and the rules and regulations governing the licensure of social workers including a initial application form (Form 266), verification of



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**Page 2 – Student Application**

education form (Form 267) and a acceptable background and sex registry check (FBI Fingerprint), your completed file shall be presented to the Board for licensure at their regularly scheduled monthly meeting.

After approval, the Board will request in writing that you submit your license fee. The license fee for LSW is \$70.00, \$100.00 for LMSW and LCSW, \$30.00 for upgrading from LSW to LMSW. You must pay with a cashier's check or money order.

A copy of the rules and regulations can be found at our website: [www.swmft.ms.gov](http://www.swmft.ms.gov)

Sincerely,

Billy Dilworth  
Executive Director

Attachment: Initial Application Form (Form 266), Request for fingerprint card form

# Initial License Application

( Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

(Please type or print in ink)

Date: \_\_\_\_\_ (Please use legal name that is identified on your driver license or social security card)

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Mailing Address: \_\_\_\_\_ Telephone No.(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

(City) (State) (Zip Code) (County)

Social Security Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] Date of Birth [ ][ ] - [ ][ ] - [ ][ ]

Race: \_\_\_\_\_ Sex: Male  Female  U.S. Citizen: No  Yes  Legal Alien: No  Yes

Place of Employment: \_\_\_\_\_

Public Agency  Private Agency  Title of Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone No. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

(City) (State) (Zip Code) (County)

If upgrading, give license number: [ ][ ] - [ ][ ][ ][ ]

1. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)   
Master Social Worker (LMSW)   
Certified Social Worker (LCSW)

2. Are you a student within fifteen (15) hours of graduation from a college or university accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS)? If you are not a student, skip to question #4. No  Yes

3. Please have the Dean or Chair of your Social Work Department sign below to verify that you are within 15 hours of graduation:

\_\_\_\_\_  
Dean or Social Work Chair Date

Name of College or University: \_\_\_\_\_

4. Which social work degree do you possess : \_\_\_\_\_BSW \_\_\_\_\_MSW \_\_\_\_\_DSW/Ph.D. \_\_\_\_\_ N/A ( Student)

5. Is your school accredited by \_\_\_\_\_ CSWE \_\_\_\_\_ SACS \_\_\_\_\_ BOTH \_\_\_\_\_ OTHER

Initial License Application Processing Fee: \$25.00 (Cashier's Check or Money Order, payable to MSBOESWMFT)

**(NON-REFUNDABLE )**

**For Office Use Only:**

Cashier's Check or Money Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name on check , if different from licensee: \_\_\_\_\_

**MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS**

6. Have you ever been licensed as a social worker in this state? If yes, what was your license number: \_\_\_\_\_ No  Yes
7. Have you ever been licensed or registered as a social worker in another state? If yes, complete the Reciprocity/Information Verification Form and send it to the state(s) of previous licensure. No  Yes
8. Have you ever had a license or permit encumbered in any way? If yes, has the decree changed? Attach a full explanation. No  Yes
9. Has any court ever declared you mentally incompetent? If yes, attach an full explanation. No  Yes
10. Have you ever been convicted of any crime or violation of law (*except minor traffic violations*) ? If yes, attached a full explanation. No  Yes
11. I have enclosed my initial license application processing fee (non-refundable) and current passport-like photo. No  Yes
12. I understand that licensure as a social worker requires the following information to be completed and submitted to the Board for review it regularly scheduled board meeting for approval: Form 266, Form 267- verification of education , criminal history information check and passing score on the applicable ASWB examination. No  Yes
13. **I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed.** An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application. No  Yes

( Notary Seal)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires on \_\_\_\_\_.

Notary Public

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Current  
Passport-Like Photo of  
You Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, make cashier's check or money order payable to **MSBOESWMFT** and mail to:

**MS Board of Examiners for SW/MFT  
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## REQUEST FOR FINGERPRINT CARD

*(FOR NEW APPLICANTS OR REINSTATEMENTS ONLY)*

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the address listed below for the purpose of licensure as a (please mark one) \_\_\_\_ social worker or \_\_\_\_ marriage and family therapist in the State of Mississippi. I have enclosed the required \$50.00 processing fee. I understand that my licensure application file is not complete until the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists has receive all licensure requirements and response from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records.

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

I understand that it make take 4-6 weeks for my fingerprints to be processed by the MS Dept. of Public Safety. I understand that there may be delays in the processing of my fingerprint card if my fingerprints are unreadable and that will extend the processing of my background and sex registry check beyond 4-6 weeks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK**

As of July 1, 2011, Mississippi Statute 73-53-11 requires a **fingerprint based criminal history record information check and a sex offender registry check** for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application. The appropriate governmental authority is the Mississippi Department of Public Safety, Criminal Information Center (CIC) and the Federal Bureau of Investigations (FBI).

**As of January 1, 2012, the Board of Examiners require that upgrading applicants ( currently licensed but are moving to a higher level of licensure), new applicants for licensure or applicants for reinstatement complete “Request for Fingerprint Card Form” that is located on the Board’s website at [www.swmft.ms.gov](http://www.swmft.ms.gov) and mail it to the Board’s Office The Board will charge a processing fee of \$50.00 to process background checks. The fee is payable by money order or cashier’s check to the Mississippi Board of Examiners for SW/MFT.**

After receiving the applicant’s request and payment, the Board will mail you a traditional fingerprint card. Please follow the following instructions for completing the cards:

- ❖ Applicants must have picture identification (driver’s license) with them at the time their fingerprints are taken. Applicants should have their fingerprints rolled or placed on the fingerprint card electronically by a local Law Enforcement Agency, such as a local police department or sheriff’s department. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must be signed by a law enforcement official in the appropriate block.
- ❖ Additional fingerprint cards are available from the Board’s office upon request. The Board’s contact information is available at the top of this letter.
- ❖ Fingerprint cards must be completely filled out. Required information includes: full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted. Reason fingerprinted should be pre-filled with the following statement: “Applicant for SW or MFT Licensure, Miss. Ann. 73-53-11”.
- ❖ The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.
- ❖ The Board will mail your completed fingerprint card to the Mississippi Department of Public Safety, Criminal Information Center. The Center shall process the fingerprint images and forward them to the FBI for identification through the national system. **It will take four (4) to six (6) weeks for your criminal history record information check to be processed.** The completed criminal history and sex offender registry checks must be received by the Board office before an individual’s application will be considered for licensure.
- ❖ Please note that if your fingerprint card is rejected, you will be notified in writing and processing of your application will be delayed.

**The fingerprint criminal history and sex offender registry checks apply to applicants seeking licensure as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), upgrading from one level to another ( LSW to LMSW or LMSW to LCSW), Licensed Marriage Family Therapist Associate (LMFTA), Licensed Marriage Family Therapist (LMFT) or applicants reinstating a lapsed license.**